

# State of New Hampshire Insurance Department

## Application for Certification as an Independent Review Organization (IRO)

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### Applicant Information

Applicant (Business Entity) Name: \_\_\_\_\_

D/B/A Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Applicant's Tax ID No.: \_\_\_\_\_ Applicant's State of Incorporation: \_\_\_\_\_

Name of Chief Executive Officer (CEO): \_\_\_\_\_

CEO's Email Address: \_\_\_\_\_ CEO's Tel. No.: \_\_\_\_\_

Name of Person Submitting Application: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

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### Operations Staff Information

Primary Contact Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ Email: \_\_\_\_\_

After Hours Contact Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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### Required Documentation

- ☐ Signed Application
- ☐ List of references, preferably other state insurance departments
- ☐ Copy of applicant's certificate of IRO accreditation (e.g., NCQA or URAC certificates)
- ☐ Copy of applicant's organization chart, identifying officers and key staff positions.
  - If individual names, titles and contact information are not included in the company's organization chart, a separate document, containing these items, may be submitted with the organization chart.

## Attestation of Compliance

- I. Pursuant to RSA 420-J:5-d I (d), which states “[t]he commissioner may determine that accreditation by a nationally recognized private accrediting entity with established and maintained standards for independent review organizations that meet or exceed the minimum qualifications established under paragraph II is sufficient for certification under this paragraph,” the applicant agrees to provide the New Hampshire Insurance Department (the Department) a copy of its nationally recognized certification (e.g., NCQA and URAC) and attests that the applicant meets or exceeds the requirements of paragraph II, outlined below.

RSA 420-J:5-d II. Minimum qualifications for an independent review organization to conduct external reviews:

- (a) It shall develop and maintain written policies and procedures that govern all aspects of both the standard external review process and the expedited external review process.
- (b) It shall establish and maintain a quality assurance program that:
  - (1) Ensures that external reviews are conducted within the specified time frames and required notices are provided in a timely manner;
  - (2) Ensures the selection of qualified and impartial clinical peer reviewers to conduct external reviews on behalf of the independent review organization with suitable matching of reviewers to specific cases;
  - (3) Ensures the confidentiality of medical and treatment records; and
  - (4) Ensures that any person employed by or under contract with the independent review organization adheres to the requirements of this section.
- (c) It shall agree to maintain and provide to the commissioner such information as may be required to fulfill the provisions and purposes of this section.
- (d) It shall assign clinical peer reviewers to conduct external reviews who are physicians or other appropriate health care providers and who:
  - (1) Are experts in the treatment of the covered person's medical condition that is the subject of the external review;
  - (2) Are knowledgeable about the recommended health care service or treatment through actual clinical experience;
  - (3) Hold a non-restricted license in a state of the United States and, for physicians, a current certification by a specialty board recognized by the American Board of Medical Specialties in the area or areas appropriate to the subject of the external review;
  - (4) Have no history of disciplinary actions or sanctions that have been taken or are pending by any hospital, governmental agency, or regulatory body; and
  - (5) Have agreed to disclose any potential conflict of interest.
- (e) It shall be free of any conflict of interest. To meet this qualification, an independent review organization may not own or control or in any way be owned or controlled by a health carrier, a national, state, or local trade association of health carriers, or a national, state, or local trade association of health care providers. In addition, in order to qualify to conduct an external review of a specific case, neither the independent review organization selected to conduct the external review nor any clinical peer reviewer assigned by the independent organization to conduct the external review may have a material professional, familial or financial interest in any of the following:
  - (1) The health carrier that is the subject of the external review;
  - (2) Any officer, director, or management employee of the health carrier that is the subject of the external review;
  - (3) The health care provider or the health care provider's medical group or independent practice association recommending the health care service or treatment that is the subject of the external review;
  - (4) The facility or institution at which the recommended health care service or treatment would be provided;
  - (5) The developer or manufacturer of the principal drug, device, procedure, or other therapy being recommended for the covered person whose treatment is the subject of the external review; or
  - (6) The covered person or the covered person's authorized representative.
- (f) Its charges for services provided shall be competitive and reasonable.
- (g) It shall be accredited by a nationally recognized accreditation organization to perform external reviews.
- (h) For the purpose of allowing in-state health care providers to act as clinical peer reviewers in the conduct of external reviews, the commissioner may determine, in specific cases, that an affiliation with a hospital, an institution, an academic medical center, or a health carrier provider network does not in and of itself constitute a conflict of interest which is sufficient to preclude that provider from acting as a clinical peer reviewer, so long as the affiliation is disclosed to the covered person or the covered person's authorized representative.
- (i) The following organizations shall not be eligible for certification to conduct external reviews:
  - (1) Professional or trade associations of health care providers;
  - (2) Subsidiaries or affiliates of such provider associations;
  - (3) Health carrier or health plan associations; and
  - (4) Subsidiaries or affiliates of health plan or health carrier associations.

- II. The applicant attests that it will comply with all relative parts of RSA 420-J:5 Managed Care Law and Ins 2703 External Review, including RSA 420-J:5-e I, which limits an IRO's competitive and reasonable fees to \$1500 unless the commissioner "determines an additional cost is necessary to ensure the fair adjudication of the case in question."
- III. The applicant attests that it will notify the Department of any disciplinary activities or other actions that would provide cause for the Department to terminate the IRO's certification to conduct external reviews for the State of New Hampshire.
- IV. The applicant attests that it will upon request provide to the Insurance Commissioner ready access to all data, records, and information collected and maintained concerning the organization's independent review activities, including any reports the Commissioner determines necessary to evaluate the independent review process.

Signature of Applicant's CEO: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

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## General Instructions

### Submitting Application for Certification as an Independent Review Organization

Submit the completed application to:

New Hampshire Insurance Department  
Attn: External Review Administrator  
21 South Fruit Street, Suite 14  
Concord, NH 03301

Fax No.: 603-271-1406  
Email: [keith.e.nyhan@ins.nh.gov](mailto:keith.e.nyhan@ins.nh.gov)

Questions may be directed to:

Keith E. Nyhan  
Director, Consumer Services  
Tel. No.: 603-271-3304  
Fax No.: 603-271-1406  
Email: [keith.e.nyhan@ins.nh.gov](mailto:keith.e.nyhan@ins.nh.gov)